PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-136US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR **NUMBER FILED NUMBER EXTRA** RATE FEE RATE FEE BASIC FEE 710 \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 85 minus 20 = 65 x s 18 1,170 OR INDEPENDENT CLAIMS 6 3 minus 3 = 80 = 240 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 2,120 TOTAL OR TOTAL # If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus \_\_ x \$ \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR \*\*\* Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR ADDIT. FEE TOTAL ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = \$ OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

09/240932

		CLAIMS A	- Column)			mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TC	TAL CLAIMS		45			2.7%	R	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			%5 minus 20=		. 165		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 \$ 9=		OR		图1170
IND	INDEPENDENT CLAIMS			minus 3 = *		3		40=		1	You	21.
MULTIPLE DEPENDENT CLAIM PI			L(//		<u></u>			40=	ļ	OR	X0U=	240.0
							+1	35=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	column 2	TC	TAL		OR	TOTAL.	21200
	C	LAIMS AS A	MENDE	- PAR	TII					OTHER		
		(Column 1)	gas parenta imparenta can as par como	(Colu		(Column 3)	SN	IALL	ENTITY	OR -	SMALL	ENTITY:
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	40=		OR	X80=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
				٠				35=		OR		
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)			-	_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	*	Minus	**		=	XS	9=		OR	X\$18=	
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⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	· ·	OH	COLUMN;	المانىية والمانية وا
•								35=	_	OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA	R/	ΛΤΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	XS	9=		OR	X\$18=	
	Independent	*	Minus	***		=		10=			X80=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+0=		OR		<b></b>
•							+13	35=		OR	+270=	
		mn 1 is less than the mber Previously Page 1					ا المالا	OTAL		OR	TOTAL	
***	If the "Highest Nu	mber Previously Pa Imber Previously P Inber Previously Pa	aid For" IN THI	IS SPACE	is less tha	an 3, enter "3."		T. FEE	propriate bo	•	ADDIT. FEE	L